

12-27-00

PTO/SB05 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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Please type a plus sign (+) inside this box ☐ [+]

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No.	1779-00206
First Inventor	James J. Benedict
Title	Method of Promoting Natural Bypass
Express Mail Label No.	EL705960936US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

- | | |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Page 30]
(preferred arrangement set forth below)
- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 30]</p> <p>5. Oath and Declaration
a. <input type="checkbox"/> Newly executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. <input type="checkbox"/> Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
ii. <input type="checkbox"/> paper
c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
|---|--|

ACCOMPANYING APPLICATION PARTS

- | |
|--|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
(when there is an assignee) |
| 11. <input type="checkbox"/> English Translation Document (if applicable) |
| 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS
Statement (IDS)/PTO-1449 Citations |
| 13. <input type="checkbox"/> Preliminary Amendment |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) |
| 16. <input type="checkbox"/> Other: |

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-Part (CIP)
Prior application information Examinerof prior application No.: 09/173,989
Group/Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS☐ Customer Number of Bar Code Label ☐ or ☒ Correspondence address below

Name	Timothy L. Scott				
Address	Sulzer Biologics, Inc.				
	3 Greenway Plaza East, Suite 1600				
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Name (Print/Type)	Marcella D. Watkins	Registration No. (Attorney/Agent)	36,962
Signature	<i>Marcella D. Watkins</i>		Date 12/22/00

Burden Hour Statement: This form is estimated to take 0.2 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231.

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

Complete if Known

Application Number	Not Yet Known
Filing Date	Concurrently Herewith
First Named Inventor	James J. Benedict
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known
Attorney Docket Number	1779-00206

TOTAL AMOUNT OF PAYMENT (\$ 890.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account No.: 03-2769
Deposit Account Name: Conley, Rose & Tayon, P.C.

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:
☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION**BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	\$710.00
106	320	206	160	Design filing fee	\$
107	490	207	245	Plant filing fee	\$
108	710	208	355	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$

SUBTOTAL (1) \$710.00**EXTRA CLAIM FEES**

Total Claims	30 - 20**	Extra	Fee from below	Fee Paid
30	20**	= 10	x 18.00 =	\$180.00
Independent Claims	3	3 =	* x 80.00 =	\$
Multiple Dependent			270.00 =	\$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUB TOTAL (2) \$

**or number previously paid, if greater, For reissues, see above

FEE CALCULATION (continued)**3 ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	\$
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	\$
139	130	139	130	Non-English specification	\$
147	2,520	147	2,520	For filing a request for reexam	\$
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	\$
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	\$
115	110	215	55	Extension for reply within 1st month	\$
116	390	216	195	Extension for reply within 2nd month	\$
117	890	217	445	Extension to reply within 3rd month	\$
118	1,390	218	695	Extension to reply within 4th month	\$
128	1,890	228	945	Extension to reply within 5th month	\$
119	310	219	155	Notice of Appeal	\$
120	310	220	155	Filing a brief in support of an appeal	\$
121	270	221	135	Request for oral hearing	\$
138	1,510	138	1,510	Petition to institute a public use proceeding	\$
140	110	240	55	Petition to revive - unavoidable	\$
141	1,240	241	620	Petition to revive - unintentional	\$
142	1,240	242	620	Utility issue fee (or reissue)	\$
143	440	243	220	Design issue fee	\$
144	600	244	300	Plant issue fee	\$
122	130	122	130	Petitions to the Commissioner	\$
123	50	123	50	Petitions related to provisional apps.	\$
126	180	126	180	Submission of Information Dis Stmt.	\$
581	40	581	40	Recording each patent assignment per property (times number of properties)	\$
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	\$
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	\$
179	710	279	355	Request for Continued Examination (RCE)	\$
169	900	169	900	Request for expedited examination of a design application	\$

Other fee (specify) \$

Other fee (specify) \$

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$**SUBMITTED BY**

Typed or Printed Name Marcella D. Watkins

Signature

Marcella D. Watkins

Date

12/22/00

Complete (if applicable)

Registration Number 36,962

Deposit Account User ID